

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$5,542.90 for date of service, 02/21/01.
- b. The request was received on 02/19/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA-1450
 - c. TWCC 62
 - d. Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 06/11/02. There is no response from the Requestor in the file. A "No Additional Information Received" from the Requestor is reflected in Exhibit I.
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. Payment Screen
 - c. There is no Carrier 14 day response to this medical fee dispute in the file. There is a response dated 03/29/02 included in the dispute packet.
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

III. PARTIES' POSITIONS

1. Requestor: TWCC 60:

"Carrier denied per code 'M' and did not supply documentation of 'methodology per 133.304 or pay a 'fair and reasonable' rate. Carrier has also not reimbursed consistently as indicated by receipt of other payments by this facility."

2. Respondent: Fax sheet transmittal dated 03/29/02:
“We have issued an additional payment in the amount of \$219832 for dates [sic] of service 2/21/2001 plus previous amount paid of \$223600 makes an 80% payment of total charges of \$554290.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 02/21/01.
2. This decision is being written based on the documentation in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor’s Table of Disputed Services, the Requestor billed the Carrier \$5,542.90 for services rendered on 02/21/01.
4. Per the Requestor’s Table of Disputed Services, the Carrier paid the Requestor \$2,236.00 for services rendered on 02/21/01.
5. The amount in dispute per the Table of Dispute is \$3,251.90 for services rendered on 02/21/01.
6. “The carrier submitted a payment screen indicating on 03/29/02, the provider was issued additional payment of \$2,198.32 for a total payment of \$4,434.32. The total amount in dispute after the additional payment is \$1,108.58.

V. RATIONALE

Medical Review Division's rationale:

The Requestor submitted UB-92s for ambulatory surgical services for date of service 02/21/01. The bill in dispute is broken down into operating room services, iv therapy, supplies, recovery room charges, etc. However, the total is considered the facility fees (what the facility charged for providing the facility, equipment and supplies in order for the surgical procedure to be done).

The carrier has denied the charges in dispute as “M – NO MAR.” The Medical Review Division’s decision is rendered based on denial codes submitted to the Provider prior to the date of this dispute being filed.

There is no medical documentation in the file to support that services were rendered. **No** reimbursement is recommended.

The above Findings and Decision are hereby issued this 9th day of August 2002.

Donna M. Myers, B.S.
Medical Dispute Resolution Officer
Medical Review Division